



Since the submission of the Standard Questionnaire and Financial Statement and/or Supplemental Questionnaire now on file in this office:

1. Have there been any additions or reductions in the staff of your supervisory personnel?

☐ Yes ☐ No

If Yes, complete the following:

Additional Supervisory Personnel Employed				
Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

Reductions in Staff of Supervisory Personnel				
Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

2. Have there been any significant additions or deletions to the equipment listed?

☐ Yes ☐ No

If Yes, complete the following:

Equipment Additions				
Quantity	Description and Capacity of Items	Date of Manufacture	Applicant's Purchase Price	Book Value

Equipment Deletions				
Quantity	Description and Capacity of Items	Date of Manufacture	Applicant's Purchase Price	Book Value

Schedules may be attached if more space is needed

Fiscal Information		
3. End of Applicant's Fiscal Year (Month, Day)		
4. Date of Year End Financial Statement (Month, Day, Year)		
As of the above date, the firm's total assets, liabilities, and net worth are as follows:		
Total Tangible Assets	Total Liabilities	Net Worth
\$ _____	\$ _____	\$ _____
5. Additional Financial Resource(s) (i.e., Bank Line of Credit, Parent Firm Guarantee, Personal Pledge of Net Worth, etc.) Any additional financial resources shall have a notarized letter to document the Pledge/Guarantee. Required information within the letter is: The dollar amount, Purpose of the Pledge/Guarantee, and a termination date for the Pledge Guarantee.		

6. Is the Prequalification issued to you satisfactory as it pertains to Classes of Work? ☐ Yes ☐ No
- If No, List below the additional class or classes of work for which you feel you are equipped and qualified to perform and furnish supporting data for your proposed changes. *(Supporting data is experience, equipment, projects completed with names, Mailing Address, and Telephone Numbers to verify the work)* (Attach additional sheets if necessary)

Additional Classes	

Corporation		Co-Partnership or Joint Venture	
If a corporation, complete this section		If a Co-Partnership or Joint Venture, complete this section	
When Incorporated	In What State?	Date of Organization	
President's Name		State whether General, Limited, or Association	
Vice President's Name			
Secretary's Name			
Treasurer's Name			
If Out-of-State Corporation, have you complied with Washington's Corporation Laws? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		State whether there is any limitation on duration of Co-Partnership or Joint Venture?	

Authorized Signatures		
List the name and Title of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required. <b><i>The Signature MUST appear next to name.</i></b>		
Name (Typed)	Signature	Title

